

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/ 562234** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2					
4	2					
5	1					
6	1					
7	0					
8	0					
9	0					
10	2					
11	2					
12	2					
13	2					
14	1					
15	1					
16	1					
17	1					
18	1					
19	1					
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46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	3		3			
TOTAL DEP.	25	←	17	←		←
TOTAL CLAIMS	28		20			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						